

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318State File No. 2691  
Registrar's No. 873

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 873	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			
c. LENGTH OF STAY (In this place) _____				d. STREET ADDRESS (If rural, give location) 4657 Delmar			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis State Hospital				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) MARTHA		b. (Middle) _____		c. (Last) GARDNER	
4. DATE OF DEATH		(Month) Jan		(Day) 11		(Year) 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-29-1874	
9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done throughout working life, even if retired) RN		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Omo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hospital Records 5300 Arsenal			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular Disease 2/3/47x DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  1437 93				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 1437				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY) TOWN, OR TOWNSHIP _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Feb. 3, 1947, to Jan. 11, 1949, that I last saw the deceased alive on Jan. 11, 1949, and that death occurred at 4:30p m., from the causes and on the date stated above.				23. SIGNATURE (Degree or title) Jack R. Delman M.D.			
23a. ADDRESS 5400 Arsenal St.		23b. DATE SIGNED 1/12/49		23c. DATE SIGNED 1/12/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE JAN 31 1949		24c. NAME OF CEMETERY OR BURIAL PLACE Anatomical Board		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. JAN 31 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Svc.		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

4104-06 Manchester

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Ralph W Henson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3791

P. O. Address St. Louis, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.